U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

i	For Official Log Only
	1 × /
	AUG 16 PAID
8	<i>I</i>

read the distructions carefully before preparing this report.

1. File Number U - 1/1/9	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name James C Voye	Name International Brotherhood of Electrical Worker			
	Labor Organization File Number 0000-116			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 900 7th St. NW	Street 900 7th St. NW			
City Washington	City Washington			
State District of Columbia ZIP Code + 4 20001	State District of Columbia ZIP Code +4 20001			
5. Position in labor organization. Director - Education & Research				
A. Held an interest in, engaged in transactions (Including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade pame if any) 7.a. Nature of Interest, Transaction, or Income.				
A. Held an interest in, engaged in transactions (Including loans) with, or monetary value from an employer whose employees your organization.	ion represents or is actively seeking to represent.			
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	The state of the s			
	Figure 2 and 1 st 2 and 2 st 2 and 2 st 2 and 2 st 2 s			
	7.b. Amount.			
Street				
Street City.				
City . City	7.b. Amount.			
City . State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information wing documents), has been examined by the signatory and is, to the best of the			
State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (Including the information contained in any accompanuate undersigned's knowledge and belief, true, correct, and complete. (See the second complete in the secon	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the action on penalties in the instructions.)			
City State ZIP Code + 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (Including the Information contained in any accompan	7.b. Amount. Perjury and other applicable penalties of the law, that all of the information wing documents), has been examined by the signatory and is, to the best of the			

		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Alliance Bernstein					
Trade Name, if any:	a. Labor Organiza	ation			
P.O. Box, Bldg., Room No., If any	c. Employer	en e			
Street 1345 Avenue of the Americas	Sometime w. Littlewys:	en e			
Chy New York					
State New York ZIP Code + 4 10105	Section 1	35e c			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal				
Name Name	firm that provides	n is a money management consulting s services to the IBEW and IBEW			
Trade Name, if any:	local unions.	역 ·			
P.O. Box, Bldg., Room No., if any					
Street		and terretarion construction and are constructed as a construction of the construction			
City	11.b. Approximate dollar value	Spect of manufacturing or property of the prop			
The contract that the article and produce of the contract of t	12.a. Nature of interest held or income received.				
State State State	g a company of the second of the second	udiris — ou Rusy — o costinancis Paul			
A CONTROL OF THE RESIDENCE OF THE RESIDE					
	12.b. Amount.	general contract de la contracta de la contrac			
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	The Control of the Co	new/opens control			
Trade Name, if any:	Table Control of the	4 вооде стоим полительной поли			
P.O. Box, Bldg., Room No., if any	ANN CONTRACTOR CONTRAC	Returnomino			
has pare and interest of a reconstitution and a rec		The second secon			
City		And the second state of the second se			
State St		Market and August Settler of the Section Settler Settl			
13.b. Is the Business an Employer . or Consultant ?	14.b. Amount of payment.				